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“I suffer in an unknown manner that is hieroglyphical”: Jung and Babette *en route* to Freud and Schreber

Angela Woods

To begin: two fragments.

The first is an embroidered jacket. It belonged to a woman called Agnes Richter who lived in an Austrian asylum in the late 1890s. In the words of artist Renée Turner, the jacket is “embroidered so intensively that reading is impossible in certain areas of the garment. Words appear and disappear into seams and under layers of thread. There is no beginning or end, just spirals of intersecting fragmentary narratives. She is declarative: ‘I,’ ‘mine,’ ‘my jacket,’ ‘my white stockings....’, ‘I am in the Hubert-us-burg / ground floor,’ ‘children,’ ‘sister’ and ‘cook.’ In the inside she has written ‘1894 I am / I today woman.’” Re-embroidering the laundry number printed on her jacket, “something institutional and distant” is transformed “into something intimate, obsessive and possessive.” She transcribes herself. This is “hypertext”; this is “untamed writing.”¹

The second fragment, from the first years of the twentieth century, is the transcript of an oral interview with another seamstress, Babette S.: “I am the finest professorship”: “This is again the highest activity—double— twenty-five francs—I am double polytechnic irretrievable—professorship includes in itself the fine learned world—the finest world of art—I am also these titles—snail museum clothing, am I, that emanates from me—to cut no thread, to choose the best samples, those representing much, and consuming little cloth—I created that

¹Renée Turner, *Fudge the Facts* (blog), “Writing on a String* //notes for an exhibition//,” March 22, 2008, <http://www.fudgethefacts.com/?p=10>.

that concerns me—the fine art world is, to apply the trimming where it can best be seen— plum cake on an Indian meal layer.”²

The politics of the fragment, the fragment which undoes the system of representation, which, like the unconscious, does not *stand for* anything, is central to Gilles Deleuze and Félix Guattari’s turn to a third “mad text,” Daniel Paul Schreber’s *Memoirs of My Nervous Illness*.³ Their book, *Anti-Oedipus*, celebrates Schreber an exemplary “schizo”—an embodiment of the deterritorializing process of schizophrenia, a universal producer, atheist, nomad and orphan; a fragmentary figure *par excellence*.⁴ Among the many scholars and devotees of Schreber’s *Memoirs*, Deleuze and Guattari alone resist its hermeneutic lures by refusing to yield to the temptations of interpretation and explanation. As schizoanalysts they acknowledge what “Judge Schreber would not deny,” namely, that before “being crushed in the psychiatric and psychoanalytic treadmill,” before being reduced to Oedipus, “all delirium possesses a world-historical, political, and racial content, mixing and sweeping along races, cultures, continents, and kingdoms.”⁵ Forget the confines of the nursery or the Greek amphitheater; the schizo is connected to the world.

In 1893, soon after his appointment to the high office of *Senatspräsident* (President of the Court of Appeal) in Dresden, Daniel Paul Schreber is admitted to the University Clinic of Leipzig with psychotic symptoms. He is subsequently transferred to the Sonnenstein Asylum

²Carl Jung, *The Psychology of Dementia Praecox*, trans. A. A. Brill (1944), 106.

³Gilles Deleuze and Félix Guattari, *Anti-Oedipus: Capitalism and Schizophrenia*, trans. Robert Hurley, Mark Seem, and Helen R. Lane (1982).

⁴Mark Seem, introduction to Deleuze and Guattari, *Anti-Oedipus*, xxi.

⁵Deleuze and Guattari, *Anti-Oedipus*, 274, 88; see also 352, 62, 65.

in Pirna. Eight years later, Schreber launches a legal appeal to have his tutelage rescinded, his rights restored. *Memoirs of My Nervous Illness* is a key document in this appeal and is published shortly after Schreber's discharge from the Sonnenstein in 1903. Carl Jung sends the *Memoirs* to Sigmund Freud, who in 1911 publishes his analysis of Schreber as "Psycho-Analytical Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)."⁶ According to Freud, psychotic patients openly display the secrets of the unconscious, so "it follows that this is precisely a disorder in which a written report or a printed case history can take the place of personal acquaintance with the patient."⁷ And yet in Freud's writing, the feeling of intimacy, of a bond between men, is unmistakable. So strong is Freud's identification with Schreber that Freud used his neologisms to develop a private discourse with Jung, refers to him as "the wonderful Schreber, who ought to have been made a professor of psychiatry and director of a mental hospital," and even comes to understand many of his own relationships through Schreber's paranoia.⁸ Thanks to Freud, Schreber goes

⁶Sigmund Freud, "Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," in *The Edition of the Complete Psychological Works of Sigmund Freud*, ed. James Strachey (1960), 11:1-82.

⁷*Ibid.*, 9.

⁸William McGuire, ed., *The Freud/Jung Letters: The Correspondence Between Sigmund Freud and C. G. Jung*, trans. Ralph Manheim and R. F. C. Hull (1974), 311; see also John Farrell, *Freud's Paranoid Quest: Psychoanalysis and Modern Suspicion* (1996), 188-94.

on to become “the most famous madman in the history of psychiatry,” his *Memoirs* “a scripture leading to a multifarious exegetical literature that is still growing.”⁹

2011. I am at a conference marking the centenary of Daniel Paul Schreber’s death. Writers, readers and devotees of that exegetical literature have gathered to investigate the world-historical significance of Schreber’s delirium.¹⁰ Moshe Zuckermann asks: What do we want from Schreber? Do we really need to “rescue” Schreber from Freud, or from anyone else? Or do we use him for our own ends? What if Schreber is “just” a writer? Our discussions take place in a recently refurbished building on the site of the Sonnenstein asylum. Three floors below our meeting room is a memorial honoring the 13,720 people killed in 1940 and 1941 by the National Socialist “Action T4” program. The victims of Action T4 were judged to be mentally ill or retarded, and unfit for work. Were seamstresses and former judges spared? We visit what remains of the gas chamber and crematorium.

German psychiatry, by the end of the nineteenth century, had become almost exclusively focused on the somatic etiology of psychiatric disease. The microscope was the privileged tool of the alienist’s trade, and the goal of biological analysis was to identify

⁹Louis A Sass, *The Paradoxes of Delusion: Wittgenstein, Schreber, and the Schizophrenic Mind* (1994), ix; Zvi Lothane, *In Defense of Schreber: Soul Murder and Psychiatry* (1992), 9.

¹⁰ See Angela Woods, *Psychiatric Times* (blog), “Conference Report: ‘Daniel Paul Schreber Centenary--200 Years of Sonnenstein,’” May 16, 2011, <http://www.psychiatrictimes.com/blog/psych-history/content/article/10168/1862380>.

postmortem areas in the cerebral cortex responsible for various psychotic symptoms.¹¹ While today the focus has shifted from the cadaveric cranium to the blood flow and electrical signals of the living brain, then, as now, the belief that psychosis was caused by a “disabling and baffling brain disease” had all but extinguished interest in the experiences of people. Against this backdrop, then, as now, psychoanalysis is radical.¹²

This paper reaches beyond the field of Schreber studies to a wider territory: the history and theory of schizophrenia.¹³ Although “*en route*” to Freud and Schreber, this is a destination at which we will not arrive. Instead, by focusing on what came before “Psychoanalytic Notes” began the memorializing of Schreber, I want to explore the idea that Schreber studies unfolds through a double forgetting. In continuing to approach Freud’s “Psychoanalytic Notes” as though it were “the first time anyone had ever penetrated so deeply into the mental life of a psychotic,” scholars of Schreber risk overlooking an important chapter in the history of psychoanalysis, and indeed the history of schizophrenia. Perhaps more worryingly, they risk failing to recognize the textuall specificity of Schreber’s

¹¹Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (1997) 79-80.

¹²Andreas Meyer-Lindenberg, “From Maps to Mechanisms Through Neuroimaging of Schizophrenia,” *Nature* 468, no. 7321 (2010): 194.

¹³A version of this article was presented at the Daniel Paul Schreber Centenary conference in Pirna, April 13-15, 2001, and it draws on my book, *The Sublime Object of Psychiatry: Schizophrenia in Clinical and Cultural Theory*, published by Oxford University Press (2011), 67-76. I am grateful to Oxford University Press for permission to republish here extracts from a section of chapter two, “Tackling dementia praecox: Jung and Abraham,” 67-76. . .

Memoirs, namely, its status *as* memoir, not as mind.¹⁴ A second potential danger is concealed in the claim that Schreber's is "the paradigm case of madness in our time."¹⁵ What does it mean to view one man's suffering—or divine revelations—as paradigmatic of something as complex as psychosis, or modernity? Vincent Crapanzano observes that "from a literary-discursive point of view [*Memoirs*] is one of the most challenging texts of the century," but what or who might be silenced, or forgotten, as we take up Schreber's challenge?¹⁶

Schreber's *Memoirs* enchants us through the seduction of wholeness. As Louis Sass notes: "the more closely one reads, the more difficult it becomes to dismiss the hope for achieving some kind of interpretive or empathetic understanding of Schreber's experiences. The whole structure of his lived world seems to have such specificity and precision; one cannot help but wonder whether it is possible to discover a coherent system lying behind it all."¹⁷ Hence, my opening insistence upon the fragment. What if instead of the coherent system—an achievement in part of the technology of autobiography—we attend to the "stammered, imperfect words without fixed syntax"?¹⁸ For that we need to return to an earlier and much less celebrated *pas de deux* between psychoanalyst and psychotic patient, and to begin, for the last time, with the "discovery" of a new form of psychosis.

¹⁴Reuben Fine, *A History of Psychoanalysis* (1979), 54.

¹⁵Sass, *The Paradoxes of Delusion*, ix.

¹⁶Vincent Crapanzano, "'Lacking now is only the leading idea, that is--we, the rays, have no thoughts': Interlocutory Collapse in Daniel Paul Schreber's *Memoirs of My Nervous Illness*," *Critical Inquiry* 24, no. 3 (1998): 739.

¹⁷Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature and Thought* (1992), 244.

¹⁸Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (1993), xii–xiii.

Emil Kraepelin was a contemporary of Freud and one-time colleague of Paul Flechsig (the psychiatrist Schreber accused of “soul murder”). In his 1896 textbook, *Clinical Psychiatry*, Kraepelin offered the first definitive account of a new disease he called dementia praecox, an account based on years of longitudinal study of asylum populations.¹⁹ In a radical reorganization of the field of psychosis, hebephrenia, paranoia, and catatonia were all distinguished from manic-depressive psychosis as types of a single underlying disease. Conceding that “the disease process in dementia praecox is not known,” Kraepelin nevertheless believed dementia praecox was caused by “a definite disease process in the brain,” perhaps triggered by an “autointoxication...related to processes in the sexual organs,” and that a large percentage of patients were made vulnerable to the disease by their “defective heredity.”²⁰ Despite meeting “lively resistance” from his peers, Kraepelin’s account of this major form of psychosis (which was soon renamed schizophrenia by Eugen Bleuler) survived without radical alteration for over one hundred years.²¹

For Kraepelin it was the appearance and endurance of symptoms, and not the symbolic content, which mattered for the purposes of diagnosis. Meaning, at that time, was almost exclusively the prerogative of an emerging psychoanalysis. Freud, as is well known, did not treat psychotic patients, or at least not willingly. As a private practitioner for Vienna’s middle classes, he had no direct access to asylum populations, nor did he particularly desire

¹⁹Emil Kraepelin, *Clinical Psychiatry*, trans. A. R. Diefendorf (1981).

²⁰*Ibid.*, 221-22.

²¹Kraepelin quoted in P. J. McKenna, *Schizophrenia and Related Syndromes* (1994), v; see also Eugen Bleuler, *Dementia Praecox or, The Group of Schizophrenias*, trans. Joseph Zinkin (1950).

it.²² With hysteria and not psychosis as the privileged psychic disorder of psychoanalysis, it is therefore unsurprising that Freud, at the outset, evinced little theoretical interest in the three forms of dementia praecox identified by Kraepelin. All but ignoring hebephrenia and catatonia, Freud did ponder the subject of paranoia in his letters to Fliess from 1895-1899, but at that time viewed it alongside hysteria and obsessional neurosis as a “sexual psychoneurosis.”²³ Exploring connections between paranoia, autoeroticism, and sexual trauma, he defined paranoia in an 1896 paper as the “neurosis of defense par excellence” a statement that unequivocally demonstrates key nosological differences between psychoanalysis and the biological psychiatry of the day.²⁴ These early speculations on the psychosexual origins of paranoia formed the foundation of Freud’s 1911 analysis of Schreber’s memoirs; however, it is Carl Jung and Karl Abraham, as practicing psychiatrists, who are credited with the first major psychoanalytic incursions into the territory of dementia praecox.²⁵

By the early twentieth century, Eugen Bleuler’s Burghölzli clinic was one of the Meccas of world psychiatry. Bleuler took a “lively interest” in Freud’s work, and Freud in

²²Shorter, *A History of Psychiatry*, 100. See also Judith Dupont, “Ferenczi’s “Madness,” *Contemporary Psychoanalysis* 24 (1988): 251; Deleuze and Guattari, *Anti-Oedipus*, 23; Félix Guattari and Arno Munster, “Psycho-Analysis and Schizo-Analysis: An Interview With Félix Guattari,” *Semiotext(e)* II, no. 3 (1977): 79.

²³Freud to William Fliess, 6 December 1896, in *The Complete Letters of Sigmund Freud to Wilhelm Fliess 1887-1904*, ed. Jeffrey Moussaieff Masson (1985), 209.

²⁴Freud to Fliess, 30 May 1896, in *The Complete Letters of Freud to Fliess*, 188.

²⁵Jung, *The Psychology of Dementia Praecox*; Karl Abraham, “The Psycho-Sexual Differences between Hysteria and Dementia Praecox,” in *The Selected Papers of Karl Abraham* (1948), 64-79.

turn courted the Swiss psychiatrists as they were in a unique position to test and legitimize psychoanalytic theory and practice through their work with asylum patients.²⁶ In sharp contrast to Karl Jaspers's later account of the unbreachable gulf of understanding between clinician and schizophrenic patient, Jung's and Abraham's analyses, in their reliance on Freud's insights into the treatment of hysteric patients, pursued a strategy of equivalence rather than radical difference.²⁷ If structural and symptomatological similarities between dementia praecox and neurosis could be demonstrated, not only could psychosis be brought into the psychoanalytic fold, but the tenets of psychoanalysis would win scientific legitimacy. Most striking about their work, however, is its complete departure from the modes of inquiry dominating biological psychiatry. Shunning the microscope, Kraepelin's longitudinal approach, and any concrete search for the somatic origins of dementia praecox, Jung and Abraham, with Bleuler's encouragement, focused their attentions on the substance of symptoms. The most contentious issue between Jung and Abraham, and in turn Freud, was the role that infantile sexuality and the libido would play in their appearance.

The publication in 1906 of Jung's *The Psychology of Dementia Praecox* followed Freud's *The Interpretation of Dreams* (of which Jung was an avid reader) and *Three Essays on the Theory of Sexuality*, but it preceded personal contact between the two men. Jung begins his study by hailing Bleuler as his respected superior and clarifying his position regarding the as yet relatively unknown science of psychoanalysis. His preface is worth

²⁶See Sigmund Freud, "An Autobiographical Study" (1925), in *The Freud Reader*, ed. Peter Gay (1995), 32; Klaus Theweleit, *Object-choice (All you need is love. . .): On mating strategies & a fragment of a Freud biography*, trans. Malcolm Green (1990), 60.

²⁷Karl Jaspers, *General Psychopathology*, 7th ed., trans. J. Hoenig and Marian W. Hamilton (1972), 447; see also Jung, *The Psychology of Dementia Praecox*, 16-17.

quoting at length as it gives an indication of the status of psychoanalysis at the time and anticipates the major issues of contention between Jung and Freud:

Even a superficial glance at my work will show how indebted I am to the ingenious conceptions of Freud [who]. . . has not yet attained fair recognition and appreciation. . . I can assure you that in the beginning I naturally entertained all the objections which are advanced in the literature against Freud. But, I said to myself Freud could only be refuted by one who himself had made much use of the psychoanalytic method . . . Fairness to Freud does not, however, signify, as many may fear, a conditionless surrender to dogma; indeed, independent judgment can very well be maintained beside it. If I, for instance, recognize the complex mechanisms of dreams and hysteria, it by no means signifies that I ascribe to the infantile sexual trauma the exclusive importance seemingly attributed to it by Freud. Still less does it mean that I place sexuality so preponderantly in the foreground, or that I even ascribe to it the psychological universality which Freud apparently postulates under the impression of the very powerful rôle which sexuality plays in the psyche . . . Nevertheless, all these are quite incidental and completely vanish beside the psychological principles, the discovery of which is Freud's greatest merit.²⁸

Jung's text struggles between guarded qualifications and praise of Freud as an "ingenious" if "as yet hardly recognized investigator."²⁹ The book begins from Freud's hypothesis that paranoia arises "*from the repression of painful memories, and that the form of the symptoms is determined by the content of the repression.*"³⁰ However, if the psychic mechanisms of hysteria can be discerned in the paranoid form of dementia praecox, what

²⁸*The Psychology of Dementia Praecox*, iii-iv.

²⁹*Ibid.*, 29, 21.

³⁰Freud (1896) quoted in *ibid.* , 26.

accounts for the greater rigidity of psychotic symptoms, and, moreover, what explains the appearance of one disorder rather than another? Pronouncing Freud's analysis insufficiently complex, Jung argues that "we must therefore postulate that in the case of dementia praecox there is a specific resultant of the affects (toxine?), which causes the definite fixation of the complex by injuring the sum total of the psychic functions."³¹ The conceptual apparatus from which Jung develops his own account of dementia praecox is loosely psychoanalytic and yet decidedly opposed to Freud's analysis of paranoid symptom formation: with the etiological role of childhood sexuality explicitly rejected, and an unknown somatic origin repeatedly postulated, Jung integrates the received wisdom of *fin-de-siècle* psychiatry with Freudian concepts and methodologies and the Burghölzli's own brand of psychology.³²

Chief among the experimental techniques favored by Bleuler and Jung was the word-association test, which resembles what we now think of as free association.³³ According to Jung, the psyche is composed of many interconnected "feeling-toned complexes," each of which has a sensory, affective, and intellectual component.³⁴ The word-association test revealed to him that "*every association belongs ... to some complex,*" that is, every word

³¹*The Psychology of Dementia Praecox*, 32.

³²Jung's rejection of the primary role of the sexual libido in the etiology of dementia praecox went on to become a central issue in his split from Freud, see Robert S. Steele, *Freud and Jung: Conflicts of Interpretation* (1982).

³³It was from Kraepelin's clinic in Munich that Bleuler and Jung first learned of this psychological experiment, and in turn demonstrated its capacity to provide empirical evidence for the presence of unconscious patterns of association. John Kerr, *A Most Dangerous Method: The Story of Jung, Freud, and Sabina Spielrein* (1993), 44-45.

³⁴Jung, *The Psychology of Dementia Praecox*, 32.

triggers already existing complexes within the psyche.³⁵ In order to theorize the aberrant functioning of complexes in dementia praecox as indicated by the word-association test, Jung investigated parallels between dementia praecox, dreams, and hysteria. Dreams, on his Freud-inspired model, appear as “symbolic expressions of repressed complexes” which “contain the characteristic features of mythological thinking” and are identical to those of dementia praecox: “Let the dreamer walk about and act like one awakened and we have the clinical picture of dementia praecox.”³⁶ Hysteria, like dementia praecox, is for Jung the result of a particularly pernicious (but not necessarily sexual) complex expressed in all areas of psychic activity, and in drawing elaborate parallels between the disorders on the levels of “characterological abnormality,” stereotypy, emotional, and intellectual disturbance, Jung consistently implies that differences between them are a matter of degree. Compelled, however, to account for the distinctive splitting, disintegration, and dissociation of psychic functions in dementia praecox, Jung hypothesized that a pathogenic complex produces “an anomalous metabolism (toxine?), which injures the brain” and prevents the acquisition or development of new complexes.³⁷ “At best,” the patient “escapes with a psychic mutilation,” but as they stand “under the ban of an invincible complex” the “separation of the schizophrenic from reality [and] the loss of interest in objective happenings” cannot really be remedied.³⁸ By attributing a single affective cluster of sensations and memories such devastating agency within the psyche, Jung was effectively saying “that certain thoughts, or at least certain feelings, were metabolically dangerous.”³⁹

³⁵Ibid., 35.

³⁶Ibid., 51, 56, 79.

³⁷Ibid., 31-32.

³⁸Ibid., 32.

³⁹Kerr, *A Most Dangerous Method*, 180.

Following the publication of *The Psychology of Dementia Praecox*, Jung presented his toxin theory of dementia praecox at the First International Congress for Psychoanalysis, held in Salzburg in 1908. It was a prestigious and political occasion, and, thanks to the participation of the Burghölzli psychiatrists, it marked a turning point in the psychoanalytic understanding of dementia praecox. Jung brought psychosis into the psychoanalytic fold methodologically by demonstrating that “meaning” could be discerned behind the “madness” of individual patients, but he refused to concede that a sexual complex was the decisive factor in all cases. By contrast, Karl Abraham’s paper “The Psycho-Sexual Differences Between Hysteria and Dementia Praecox,” in theoretically differentiating dementia praecox from hysteria, was praised for forging the crucial (because psychosexual and therefore “properly” psychoanalytic) connection between the two.

Although its origins lay in Freud’s unpublished thinking on paranoia, Abraham’s presentation served the strategic function of linking a theory of autoeroticism with clinical observations of dementia praecox patients from the highly respected Swiss clinic.⁴⁰ Abraham’s paper was proof that psychoanalysis had something to say about the *psychic origins* of dementia praecox. By contrast, Jung’s toxin theory proved decidedly unpopular in psychoanalytic circles at the time, and, although he was still championing it as late as 1958, it has consistently failed to win much support.⁴¹

⁴⁰In later publications, Freud is careful to reference Abraham’s paper in such a way that it is clear he assumes ultimate responsibility for its accuracy. See Freud, “Psycho-Analytic Notes” 41; see also “Lecture XXVI: The Libido Theory and Narcissism,” in *The Standard Edition* (1963), 16:415.

⁴¹Andrew Samuels, “Jung and the post-Jungians,” in *The Cambridge Companion to Jung*, ed. Polly Young-Eisendrath and Terence Dawson (1997), 6.

However, *The Psychology of Dementia Praecox* is most significant not for the *validity* or *influence* of Jung's toxin theory of dementia praecox, but for the extremely detailed analysis of one of his patients, Babette S. This case study highlights Jung's principal contribution to the psychoanalytic investigation of dementia praecox, namely that "Unlike the majority of psychiatrists before or since, he gave serious attention to what his schizophrenic patients actually said and did, and was able to demonstrate that their delusions, hallucinations, and gestures were not simply 'mad' but full of psychological meaning."⁴²

While Jung did not supply the kind of comprehensive, linear narrative Freud would produce from Schreber's *Memoirs*, he analytically untangled Babette's frequently bizarre word-associations and succeeded in interpreting seemingly disconnected, disparate, impenetrable signifiers as elements of particular complexes. It is this impulse--this process--that most distinguishes the psychoanalytic approach to schizophrenia from its psychiatric counterpart.

Babette S., an impoverished seamstress, had been institutionalized for over fifteen years before commencing analysis with Jung. She suffered from paranoid delusions of physical mutilation and grandeur, severe hallucinations and affectless, disconnected speech, but sought to explain herself as clearly as possible to Jung in the vain hope that he might secure her release from the Burghölzli. The case study includes list after list of Babette's word-associations. Drawing attention to her "extraordinarily long reaction times," her neologisms, and her bizarre and sometimes embellished responses, Jung concluded that his patient was psychically dominated by numerous complexes, so much so that "she speaks, acts, and dreams of nothing else but what the complex inspires."⁴³ Each neologism or stereotype connected to one of three interrelated complexes--wish-fulfillment (delusions of

⁴²Anthony Stevens, *Jung* (1994), 12.

⁴³Jung, *The Psychology of Dementia Praecox*, 101.

grandeur), ideas of injury (delusions of persecution) or an erotic complex. As part of his experiment, Jung repeated Babette's neologisms (what she calls her "power-words") to her as stimulus words. Her response to the grandiose stereotype, "I am the finest professorship," is quoted above.

Where Jung proves masterful in his analysis of her "word salad" (a term he coined) is through a rigorous, meticulous reading of seemingly impenetrable neologisms as symptomatic of specific complexes. Reluctant to speculate on *why* these complexes developed, he aims to show "how the patient, brought up under sad domestic conditions, amid distress and hard labor, creates in her psychosis an enormously complicated, and seemingly altogether confused fantastic structure."⁴⁴

It is difficult when reading Babette's responses not to be struck by the literary quality of her fantastic structure. Jung treats them as a code to be deciphered or a poem to be interpreted, and also remarks frequently on their resemblance to dreams:

*Like a poet impelled by his inner impulses, the patient pictures to us in the symptoms the hopes and disappointments of her life. ... [She] speaks as if in dreams—I know of no better expression.... This uneducated and scantily endowed patient thinks without any directing idea, in obscure dreamlike pictures and amid indistinct expressions. All this contributes to make her stream of thought as incomprehensible as possible. ... [Unlike the dreams of normal people, here] we have long and extensively elaborated fancies, which on the one hand are comparable to a great poem and on the other to the romances and fantastic pictures of somnambulists.*⁴⁵

Although the comparison is seductive, Avital Ronnell challenges the move to equate dreams with dementia praecox, arguing that "while the dream was thought to have latent

⁴⁴Ibid., 135.

⁴⁵Ibid., 135-36.

content, a retrievable unconscious narrativity, the schizophrenic utterance remains a pistol shot in the dark of metaphysics, shattered, fragmented.”⁴⁶ By “making sense” of a number of Babette’s more opaque phrases, what Jung ultimately delivers is only a series of discrete interpretations of elements of his patient’s disturbed psyche rather than a narrative that would draw these together. Fragmentary understanding, then, comes to displace and replace any discussion of cure or the alleviation of symptoms and operates independently of a theory of etiology, toxin-related or otherwise.

Through his analysis of Babette, Jung sought to establish the paranoid form of dementia praecox as the disorder most amenable to psychoanalytic investigation, demonstrating, albeit tenuously, how the idiosyncratic content of a patient’s symptoms followed previously identified narrative patterns (delusions of grandeur and persecution). For Jung, the domain of dementia praecox was “too extensive and yet too obscure” for his work on paranoia to be conclusive; promising to extend his inquiry into catatonic and hebephrenic schizophrenia at a future date, his final statement is at once apologetic, defensive, and self-aggrandizing: “somebody finally had to take it upon himself to set the stone rolling.”⁴⁷ And roll it did—inexorably on towards Freud’s analysis of a text introduced to him by Jung, *Memoirs of My Nervous Illness*.

Although many critics would prefer not to call attention to the influence of Jung’s case study on “Psycho-Analytic Notes,” its importance should not be underestimated. What Jung presented was an analysis of an acutely psychotic *patient*—an analysis based upon psychological experiments in real time, conducted in an asylum, and involving a range of non-verbal and emotional communications that could not be captured adequately on the page.

⁴⁶Avital Ronell, *The Telephone Book: Technology, Schizophrenia, Electric Speech* (1989), 137.

⁴⁷Jung, *The Psychology of Dementia Praecox*, 135-36.

Babette did not provide him with a cogent or compelling narrative of her illness but with disconnected speech and “difficult” behavior. It is unsurprising, then, that Jung’s text deals in fragments and cannot deliver a complete psychological picture of his patient, especially as he suggests that the disorder has a metabolic—not psychological—origin. Despite uncanny similarities between the delusional schema of Babette and Schreber, the case history of this poor and uneducated woman could not match the analytic possibilities presented by the autobiography of an esteemed male jurist.⁴⁸ Freud even attempted to disclaim any similarity between Babette and Schreber: her “dementia praecox” was apparently “far severer than this one” and “exhibited symptoms far more remote from the normal.”⁴⁹ Equally, when it came to the weaving of linear narratives, Jung’s theory of co-existent complexes was no match for the capacity of libido theory to trace all symptoms and psychic dysfunctions back to a primary psychosexual disturbance. What Jung *did* establish was the possibility of “penetrating” the supposedly “impenetrable” symptoms of dementia praecox by subjecting them to psychoanalytic investigation. This, together with Abraham’s authoritative account of the psychosexual origins of dementia praecox, constitutes a foundation for Freud’s work on paranoia.

In this context, Karl Jaspers’s analysis of the then-contemporary work of Freud and the Zurich school on dementia praecox is particularly salient. While Jaspers acknowledged that the psychoanalytic scrutiny of the “delusional contents of dementia praecox” can be seen

⁴⁸For example, Babette believes that her actions are continuously monitored by telephones, just as Schreber is consistently scrutinized by God’s “rays.” Both also suffer the presence of “little men,” literally, tiny figures emerging from or molesting their bodies: Jung, *The Psychology of Dementia Praecox*, 140, 91; Daniel Paul Schreber, *Memoirs of My Nervous Illness*, trans. Ida Macalpine and Richard A. Hunter, 112, 57.

⁴⁹Freud, “Psycho-Analytic Notes,” 35.

as an improvement on psychiatry's efforts to classify the chaos of schizophrenia, he remained justifiably suspicious of psychoanalytic methodology:

"They have thus come to 'understand' almost all the contents of these psychoses by applying a procedure which as the results show only leads on into endlessness. In the most literary sense they have rediscovered the 'meaning of madness' or at least they believe they have. ...The whole interpretation is a *translation to schizophrenia of concepts which have been arrived at during the analysis of hysteria*. We should, however, never forget the radical differences which exist between hysteria and a schizophrenic process."⁵⁰

Jaspers's observations from 1913 inform the argument, more fully developed elsewhere, that psychoanalysis approaches schizophrenia as a textual puzzle which reveals the collapse of psychic functioning if only it is properly deciphered.⁵¹ Jung's *The Psychology of Dementia Praecox* deserves recognition, I suggest, as the founding text in this tradition. As he showed, the analyst's interpretive mastery over dementia praecox, secured through a potentially inexhaustible process, does not deliver the analysands from their schizophrenic symptoms as it might with neurosis. It is simply an end in itself, and, if Jaspers is correct, one that actually obfuscates the fundamental inaccessibility and un-understandability of schizophrenia.⁵² Jung could only point to how Babette's speech revealed her complexes; the question of why she

⁵⁰Jaspers, *General Psychopathology*, 539, 410. Jacques Lacan, too, praises Freud for his interpretive skill. See *The Seminar of Jacques Lacan: Book III The Psychoses 1955-1956*, ed. Jacques-Alain Miller, trans. Russell Grigg (1993), 10-11.

⁵¹See chap. 2, "Schizophrenia: The Sublime Text of Psychoanalysis," in Woods, *The Sublime Object of Psychiatry*.

⁵²Jaspers, *General Psychopathology*, 447. See also J. Hoenig, "Schizophrenia-Clinical Section," in *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*, ed. German E. Berrios and Roy Porter (1995), 345.

became psychotic, when others who experience “distress and hardship” among “sad domestic conditions” do not, is unanswered, and it is clear that his analysis did little to mitigate her distress. While treating schizophrenia as a disorder of signification allows the analyst to restore or attribute meaning to schizophrenic speech, the analyst’s narrative fails to address the structure of schizophrenic experience, or to explain *why* schizophrenia arises and cannot be “cured.” The clinical picture of schizophrenia is recast as a text in which the “meaning of madness” is rediscovered, but what, then, of the person in question?

“I suffer in an unknown manner that is hieroglyphical.” Babette is as eloquent in expressing her distress as Jung is definitive in his analysis: “This explanation is quite sensible. Hieroglyphics for the uneducated is the proverbial example for the incomprehensible. Patient does not understand why and to what end she suffers. It is a hieroglyphical suffering.”⁵³

The trope of dementia praecox or schizophrenia as hieroglyph is an enduring one. “[Freud] deciphers [*Memoirs*] in the way hieroglyphics are deciphered,” Lacan observed. R. D. Laing, too, felt that “The difficulties facing us here [in the analysis of schizophrenia] are somewhat analogous to the difficulties facing the expositor of hieroglyphics, an analogy Freud was fond of drawing; they are, if anything, greater.”⁵⁴ The metaphor works to reinforce the idea that madness is a disruption of the symbolic order, the language of reason; that it belongs to a world that is remote in space, time and cultural sensibility; but also, crucially, that with sufficient effort and interpretive skill the apparently un-understandable can be

⁵³Jung, *The Psychology of Dementia Praecox*, 127.

⁵⁴Lacan, *The Psychoses*, 10; R. D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (1990), 31.

comprehended, the fragment rendered whole.⁵⁵ Each of the commentators on Schreber's *Memoirs* stages, to a greater or lesser degree, this recuperative act of decoding; a turn of the interpretive master key intended to spring open the secrets of one of the twentieth century's most "challenging" texts. But are there some texts for which the interpretive challenge appears too great, as in the case of the untamed autobiographical embroidery?

Museum curators have spent hours with magnifying glasses poring over every bit of the garment. Sections of the text have been photographed, copied, retraced and enlarged. Like a coded document or a hieroglyph before the discovery of the Rosetta Stone, Agnes Richter's jacket remains a tantalizing clue to an unknown world. "Ich" is the word easiest to discern, but whatever Agnes confided to that "I," that self, remains a mystery to everyone else.⁵⁶

Babette Straub and Agnes Richter, seamstresses in turn of the century asylums, do not live on through a legacy that is legible. Their artifacts were not typed, bound and published; they were not explicitly addressed in sparkling prose to men of law, psychiatry, and theology; they evinced a powerful narrativity but eschewed or escaped autobiography's temporal, discursive conventions. Recasting Schreber's "exemplary" experience as simply "exceptional," the glimpses we have into the lives of Agnes and Babette remind us the fragment; silence, the seemingly illegible and undecipherable, can also testify to strength and suffering in madness.

⁵⁵On this see Foucault, *Madness and Civilization*; Jacques Derrida, "Cogito and the History of Madness," in *Writing and Difference* (1978), 31-63; Shoshana Felman, *Writing and Madness: Literature/Philosophy/Psychoanalysis*, trans. Martha Noel Evans and the author with the assistance of Brian Massumi (1985).

⁵⁶Gail A Hornstein, *Agnes's Jacket: A Psychologist's Search for the Meaning of Madness* (2009), ix-x.

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